

**APPLICATION FOR EMPLOYMENT
CITY OF NEWTON
PERSONNEL DEPARTMENT**

CITY HALL - 401 N. MAIN AVE.
P.O. BOX 550
NEWTON, NORTH CAROLINA 28658
828/465-7400/828-465-7412 FAX

NAME <hr/> <div style="display: flex; justify-content: space-between; font-size: small;">Last First Middle</div> ADDRESS <hr/> <div style="display: flex; justify-content: space-between; font-size: small;">City County State Zip Code</div> PHONE: <hr/> <div style="display: flex; justify-content: space-around; font-size: small;">(Home) (Work)</div> SOCIAL SECURITY NO. <hr/> IS YOUR AGE BETWEEN 18 AND 70? Yes <input type="checkbox"/> No <input type="checkbox"/>	Title of position applied for: (only one may be listed) <hr/> Rate of pay expected <hr/> TYPES OF WORK YOU WILL ACCEPT (Check all that apply) <div style="display: flex; flex-wrap: wrap; font-size: small;"><div style="width: 50%;"><input type="checkbox"/> Regular Full Time</div><div style="width: 50%;"><input type="checkbox"/> Regular Part Time</div><div style="width: 50%;"><input type="checkbox"/> Temporary Full Time</div><div style="width: 50%;"><input type="checkbox"/> Temporary Part Time</div><div style="width: 50%;"><input type="checkbox"/> Weekend Work</div><div style="width: 50%;"><input type="checkbox"/> Summer Work</div><div style="width: 50%;"><input type="checkbox"/> Shifts other than 8-5</div></div> Specify days and hours if part time: <hr/>
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EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

GED

College 1 2 3 4

Graduate School 1 2 3 4

Schools	Name and Location	Graduate	Degree	Major
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>		
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate or Professional		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business Trade, or Military		Yes <input type="checkbox"/> No <input type="checkbox"/>		

SKILLS (If applicable to position applied for)

Professional Registrations/Licenses/Certification (Examples: CPA, EMT, RPE, Licensed Electrician)

Typing _____ WPM Computer Skills? Yes <input type="checkbox"/> No <input type="checkbox"/> Computer Programs: _____ _____ Calculator: _____ Other _____	Do you have a driver's license: Yes <input type="checkbox"/> No <input type="checkbox"/> State _____ License No. _____ Expiration Date: _____ Class A _____ Class B _____ Class C _____ Use of personal vehicle at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Automotive equipment you can operate: Trucks/Dump Trucks Yes <input type="checkbox"/> No <input type="checkbox"/> Backhoes Yes <input type="checkbox"/> No <input type="checkbox"/> Front End Loaders Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____ _____
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PERSONAL

Are you a United States Citizen: Yes ☐ No ☐ If not, are you eligible for permanent full time employment in the United States? Yes ☐ No ☐

Have you worked for the City of Newton before? Yes ☐ No ☐ If yes, Dept. _____ Dates _____ To _____

Are you related by blood or marriage to any person now working for the City of Newton? Yes ☐ No ☐ (If yes, give name, relationship to you and department where employed. _____)

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying). Yes ☐ No ☐ If yes, explain fully on an additional sheet.

Work History- List the jobs that you have held, beginning with your last or present employer. Include part-time jobs, military service, and/or periods of unemployment in the proper sequence. Failure to give complete information may result in rejection of your application. If more space is needed, use additional sheets.

Current or Last Employer (1)			Address		Phone No.	
Job Title			Supervisor Name			No. Supervised by You
Dates Employed			Starting Salary	Ending Salary	Reason for Leaving	
From: To:			\$ Per	\$ Per		
Full Time	Years	Months	Duties:			
Part Time	Years	Months				

Current or Last Employer (2)			Address		Phone No.	
Job Title			Supervisor Name			No. Supervised by You
Dates Employed			Starting Salary	Ending Salary	Reason for Leaving	
From: To:			\$ Per	\$ Per		
Full Time	Years	Months	Duties:			
Part Time	Years	Months				

Current or Last Employer (3)			Address		Phone No.	
Job Title			Supervisor Name			No. Supervised by You
Dates Employed			Starting Salary	Ending Salary	Reason for Leaving	
From: To:			\$ Per	\$ Per		
Full Time	Years	Months	Duties:			
Part Time	Years	Months				

May we contact the employers listed above? ____ If not, indicate by No. which one (s) you do not wish us to contact

Personal references - List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed in Work History.

Name and Occupation	Address	Phone Number

I certify that all of the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this application and release to the City of Newton’s hiring officials. I understand that false information may be grounds for rejection and my application an/or dismissal if I am employed.

APPLICATION FOR EMPLOYMENT



PERSONNEL DEPARTMENT
CITY HALL 401 N. MAIN AVE
P.O. BOX 550
NEWTON, NC 28658
828-465-7400

An Equal Opportunity Employer

GENERAL APPLICANT INFORMATION

PLEASE READ CAREFULLY BEFORE COMPLETING YOUR APPLICATION.

1. Applications must be completed before consideration for employment. Some specific areas to review for completion are: specific title of position applied for, signature, work history (Application are considered incomplete unless work history is complete. It is unacceptable to indicate "see resume", etc.), complete address, and correct phone number. Resumes will not be accepted in lieu of an application exception where specifically indicated in an advertisement.
2. Only positions currently advertised may be specified on the application. Applicants (including City employees) must submit separate application forms for each posted position.
3. Special attention should be given to the deadline date. Any application received after the deadline date may not be reviewed for the current vacancy.
4. The Personnel Department screens all applications received for minimum qualifications and will refer the applications meeting minimum qualifications to the departments. Departments interview applicants and select the person who best fits the needs of the department subject to the approval of the City Manager.
5. The Personnel Department will usually correspond with all applicants in writing within four (4) weeks after the deadline date to advise the status of their application.

APPLICANT RECORD

(Must be Completed)

DATE _____

POSITION TITLE _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____

CITY STATE ZIP CODE

PHONE () _____ () _____
HOME WORK

SOCIAL SECURITY NO. _____

CITY OF NEWTON NORTH CAROLINA

AN EQUAL OPPORTUNITY EMPLOYER

The City of Newton will prohibit discrimination on the basis of race, creed, color, religion, sex, national origin, physical or mental disability, age or any other factor which cannot be lawfully used as the basis for employment decision.

Federal laws and regulations require employers to monitor and report the status of their equal employment opportunity programs on a continuing basis. Therefore, we are asking you to complete the information below. This information will be maintained only for the purpose of monitoring and reporting compliance in accordance with applicable laws and regulations as well as to insure compliance with City policies and procedures and will not be used for any other purpose.

If you are a veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

RESEARCH INFORMATION

DATE OF BIRTH	Are you claiming handicap status?	Ethnic Background (check one)	How did you learn about this vacancy?
<u> </u> MONTH <u> </u> DAY <u> </u> YEAR	Yes <u> </u> No <u> </u>		
	Please check:		
	<u> </u> Visual Impairment	<u> </u> American Indian/Alaskan	<u> </u> City's posted vacancy notice
	<u> </u> Hearing Impairment	<u> </u> Native	<u> </u> Newspaper/Journal Ad
	<u> </u> Cardiovascular Disorder	<u> </u> Asian American/Pacific	<u> </u> Employment Security
	<u> </u> Emotional Mental Disorder	<u> </u> Islander	<u> </u> Commission
	<u> </u> Nervous System/ Neurological	<u> </u> Black	<u> </u> Friend
	<u> </u> Disorder	<u> </u> Hispanic	<u> </u> City Employee
	<u> </u> Respiratory Impairment	<u> </u> White	<u> </u> School Counselor/Placement
	<u> </u> Loss or Impairment of Limb(s)	<u> </u> Other <u> </u>	<u> </u> Office
	<u> </u> Disabling Diseases (Diabetes,		<u> </u> Other <u> </u>
	<u> </u> Arthritis, etc.)		
	<u> </u> Other <u> </u>		

Are you a veteran?
 Yes No

VETERAN

SEX
(Check one)

 Male Female